DATENT ADDI IOATION SEE OFFICE									Application or Docket Number						
	PATENT APPLICATION FEE DETERMINATION RECO									٠ _			- i	•	
		Effectiv	ve Decen		l	09	60	00	? 194						
Г		CLA	IMS A	S FILED	- PA	RTI			<u> </u>						
(Column 1) (Column 2)									SMALL ENTITY OTHER:						
F	OR		NUMBER FILED			NUMBER EXTRA					<u>. </u>	OR 1		ENTITY	
0100555						SYSTEM AND AND ADDRESS.			RATE		EE_		RATE	FEE	
BASIC FEE								1		34	5.00	OR		690.00	
TOTAL CLAIMS			96 minus 20=			. 76			X\$ 9			OR	X\$18=		
INDEPENDENT CLAIMS			27 minus 3 =			24						OR		1368	
ML	JLTIPLE DEPE	NDENT	CLAIM PRESENT			- 49			X39=			OR	X78=	1872	
-								!	+130=	-		OR	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2						column,2	. '	TOTA			OR	TOTAL	3930		
	1/6 (CLAIMS AS AMENDED - PART II											,	•		
	10/0-(Column 1) (Column 2) (Column 3)									L ENTI	TY .	OR	OTHER SMALL		
¥	The state of		AIMS AINING			HIGHEST NUMBER	PRESENT		·	AD	DI-	7	•	ADDI-	
¥	100 2012		TER IDMENT		Pf	REVIOUSLY	EXTRA		RATE	R			RATE	TIONAL	
¥	Table	. 0	I			PAID FOR				- FE	Ε.			FEE	
AMENDMENT	Total	. 9	<u> </u>	Minus	**		=		X\$ 9=	1		OR	X\$18=		
A	Independent FIRST PRESE	NTATIC	/	Minus	DENIS		=		X39=			OR	X78=		
	TINOT PACOE	MIAIIC	N OF M	OLTIPLE DE	PENL	ENT CLAIM		j						ļ ———	
			•	•			•	L	+130 =	·	ot = ot	OR	+260≃		
			• .					A	TOTA DDIT, FE			OR ,	TOTAL ADDIT FFF		
	· · ·	(Colu	ımn 1)		(C	olumn 2)	(Column 3)					•			
8			AIMS AINING		73:	HIGHEST NUMBER		lr		ADI)I-	ſ		ADDI-	
AMENDMENT	-4.00	AF	TER '			REVIOUSLY	PRESENT EXTRA		RATE	TION		ı	RATE	TIONAL	
		AMEN	DMENT		-	PAID FOR	<u> </u>	L	<u>.</u> .	FE	E			FEE	
	Total .	<u> </u>	•	Minus	••		=		·X\$ 9=	· .		OR	X\$18=		
	Independent	•	· ·	Minus	***		= .		X39=	1		<u>.</u> t	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									╁		OR			
	. •	•			•		•		+130=			OR	+260=		
								. AI	TOTAL DDIT. FE			OR,	TOTAL		
		(Colu	mn 1)		(C	olumn 2)	(Column 3)	A	DUII. FE			- · · · · ·	NDDIT. FEE		
	2.7. 15-16.4	·CL/	UMS	100 Day		IGHEST	(Column 3)			T . = =			· .	·	
AMENDMENT C	The Park		IINING TER			NUMBER EVIOUSLY	PRESENT		DATE	ADD		Î		ADDI-	
	****		DMENT			AID FOR	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
5	Total _	•		Minus	**				X\$ 9=			1,,	X\$18=		
	Independent	٠		Minus	***	•	=	-			- '	DR			
<u> </u>	FIRST PRESE	NTATIO	N OF MU	LTIPLE DE	END	ENT CLAIM			X39=			DR	X78=		
									+130=			, D	+260=		

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

+260=

TOTAL ADDIT. FEE